CALE OF INDIANA LAME COUNTY FILED FOR RECORD

2012 089824

2012 DEC 19 PM 2:53

RETURN TO: HODGES & DAVIS, P.C.

Attorneys at Law 8700 Broadway Merrillville, IN 46410

RELEASE OF HOSPITAL LIEN

| Southlake Campus, 8701 Broadway, Mer represented by the Sworn Statement Of Nexecuted on the <u>28th</u> day of <u>August</u> , 2012 instrument number <u>2012-068052</u>), in the reasonable and necessary charges for hos | Lien by THE METHODIST HOSPITALS, INC., rillville, Indiana 46410, against JOHN A L HILL, Notice Of Intention To Hold Hospital Lien which was 2, and recorded on the 27th day of September, 2012 (as Office of the Recorder of Lake County, Indiana, for the pital care, treatment and maintenance of JOHN A L usand Five Hundred Ninety Two and 76/100 |
|---|---|
| In the event full payment of the hospital charges has not been received, The Methodist | |
| | ghts it may have to collect the balance due. |
| the Lake | THE METHODIST NOSPITALS, INC. |
| | BX: Nolanda Jaime |
| STATE OF INDIANA) SS: | |
| COUNTY OF LAKE | |
| | Manager for the Southlake Campus of The Methodist er oath, says that the facts stated in the foregoing are true |
| | Yolanda Jaime |
| Subscribed and sworn to before me, a Notary Public this 4 day of December, 2012. | |
| | Burg M. Stone |
| | A Resident of Mul County Official South |
| My Commission Expires: Manch 24, 2019 | Official Seal LISA M. STONE Resident of Lake County, if in its commission expires march 24, 2019 |
| I affirm, under the penalties for perjury, t security number in this document, unless | hat I have taken reasonable care to redact each social |
| This instrument Prepared By: | 20 |
| Earle F. Hites, Attorney at Law 8700 Broadway, Merrillville, IN 46410 | |
| 7777-207673 | AMOUNT \$CHARGECHECK # \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |